MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FILING DATE

(FOR USE WITH FORM PTO-875)

		·						CLAIM	IS						•
		S FILE		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 **AMENDMENT	
-	IN	D. DI	EP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2							<u> </u>	Í	51						DEI.
3								•	52 53		 				
4								İ	54	 	 	<u>·</u>			
5		<u> </u>		100					55		1				
7		- 8							56						
8		0					· · · · ·	(57 58	 	 				
9		, O							59		 	ļ	·		
$\frac{10}{11}$									60	ļ. ——					
12		10		·					61				·		
13		8	-						62						
14									63 64						
15 16		-18	_						65						
$\frac{10}{17}$		-14						ļ	66						
18		18	-						67						
19								ł	68 69			·	· · · · · ·		
20 21		8	_					İ	70						
22								[71						
23			_					ŀ	72 73						
24								ł	74						
25 26									75						
27									76 ·						
28								}	77 78						
29 30	 							F	79						
31			- -		-			. [80						
32		- 						ļ.	81						
33								<u> </u>	82 83						
34 35		- 	_ _						84						
36			- -						85				<u>-</u> -		
37			_	 -				ļ-	86						
38								- -	87 88						
<u>39</u> 40	 		╬						89		<u>-</u> -	 			
41	 		-	 -					.90						
42			1					-	91						
43								F	92 93				[-		
44 45	 	 	-						94					 -	
46	1	 	╁┈						95				— <u>-</u> -		
47			1			 -		·	96						
48								 -	97 98		<u>-</u>				
<u>49</u>		-	lacksquare					-	99				J-		
50 TOTAL	<u> </u>		-						100						
IND.	12] 🔻		·] ·	♣				TOTAL, IND.		1				
TOTAL DEP.	19	(◆		•		<u> </u>	OTAL DEP.				_		_
TOTAL LAIMS	21							7	OTAL LAIMS						
TO - 136	0 (REV. 11/0					W20.00	- ATTENCED	L		U.S	3. DEPARTM	ENT of COM	MERCE		
										ra	tent and Trad	emark Office			